

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043542

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5086 Registrar's No. 1

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUTLER</u>		Length of stay in 1b <u>3 yrs.</u>	c. CITY OR TOWN <u>DREXEL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PINE TREE Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>IONE</u> Last <u>MOSBY</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>24</u> Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 25, 1873</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home-maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>EVERETT, Cass Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.O.</u>	
13a. FATHER'S NAME <u>John L. L. STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH SCOTT</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER MOSBY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Leroy Mosby RFD2 DREXEL, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility - deterioration</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>None</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from _____ and last saw her ^{live} on 12-24-61
Death occurred at HP on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Douglas O. Howard</u>	(Degree or title)	22b. ADDRESS <u>Butler, Mo</u>	22c. DATE SIGNED <u>12-30-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>P.O.A.C.</u>	23b. DATE <u>12/26/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FREEMAN Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>FREEMAN, Missouri</u>
24. FUNERAL DIRECTOR <u>ATKINSON-DICKOY</u>		ADDRESS <u>ARCHIE, MO.</u>	25. DATE REC'D. BY LOCAL REG. <u>12-28-61</u>
		26. REGISTRAR'S SIGNATURE <u>Norme Jean Wilson</u>	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 7902

P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.